



Hastings College Student Health Services

Statement of Exemption from Immunization Requirements Medical Exemption

Hastings College, following the recommendations of the American College Health Association (ACHA), asks that all students have a copy of their current Immunization Record on file at the Charles L Stone Student Health Center. At a minimum ACHA recommends all students to document the following immunizations to protect them from communicable diseases during their college years:

- 2 doses of MMR vaccine
- Varicella (Chickenpox) immunity
- Hepatitis B vaccine series
- Polio vaccine series
- Diphtheria/Tetanus vaccine series, last dose within 10 years.

Name _____ Date of Birth _____

Address _____

SSN _____ Telephone _____

Student Statement

I request an exemption from the recommended immunizations and understand that in case of a communicable disease outbreak I may be temporarily excluded from classes, residence halls, or other campus activities at the discretion of the Director of Student Health Services.

Student Signature _____ Date _____

Parent Signature (if under 19) _____ Date _____

Provider Statement (required if the exemption is requested due to medical reasons)

The physical condition of the above named individual is such that immunization would endanger life or health. (Please check below and identify requirement above)

____ This is a temporary exemption (e.g. pregnancy). Expiration date _____

____ This is a permanent exemption (e.g. chronic illness)

____ This is a personal choice. I have discussed with them the consequences of this choice.

Provider (MD, NP, PA) signature _____ Print Name _____ (Date) _____

Address, City, State, Zip _____ Phone _____